NOTICE OF FEE DUE

| DATE: | 12-17- | - 01 | | | • |
|-------------------------------------|---|-----------------|------------------|-----------|---|
| TO: | Uthan | | • | | |
| FROM: | Office of Initial Patent Exam | ination | | | ; |
| SUBJECT: | | | | | |
| APPLICAT | TION NUMBER: 100 | 1449 | 7 ' | | |
| authorization | for the attached document subset following reason. Please change a deposit account. Oppropriate fee. If an authorizationcy. | cck the applica | ition for the ap | propriate | , |
| ☐ Insufficie | ent fee by check | | | * | |
| 1 Insufficie | nt funds in deposit account | | | | |
| □ Declined o | credit card | | | | |
| □ Non autho | rization for charge to deposit a | iccount | | | |
| □ No fee sub | mitted per requirement * | | | | |
| • | , | | | | |
| The correct fee | e code: | amount | \$ | | |
| The suspended fee code: 197 | | amount | - \$ | | |
| Fee Due | | amount | =\$ | | |
| If you have any Eleanor Kurtz at | questions, please contact Cynt 703-308-3642. | hia Streater at | | | |
| Terminal Operat | : Or | | | | |